

OLD NATIONAL BANCORP AFFIDAVIT OF DOMESTIC PARTNERSHIP TERMINATION

Associate Information – Please Print

Last Name, First Name, Middle	Date of Birth	Gender	Associate Number	Social Security Number
Street Address	City		State	Zip Code

Domestic Partner Information – Please Print

Last Name, First Name, Middle	Date of Birth	Gender		Social Security Number
Street Address	City		State	Zip Code

The definition of “Domestic Partnership” for purposes of this Affidavit shall be two individuals, either of the same or opposite sex, who live together in an exclusive long-term relationship of indefinite duration with an exclusive mutual commitment in which the Domestic Partners agree to be jointly responsible for each other’s common welfare and to share financial obligations.

Declaration of Termination of Domestic Partnership

We, _____ (“Associate”) and _____ (“Domestic Partner”), affirm under penalties of perjury that:

- We no longer meet the qualification of a domestic partnership as required by Old National.
- We understand that a domestic partner and/or domestic partner child enrolled as a dependent ceases to be an eligible member on the first of the month following the termination of such domestic partnership and that the associate is required to submit an Affidavit of Domestic Partnership Termination within 31 days of the termination of the domestic partnership.
- The associate understands that an Affidavit of Domestic Partnership Termination must be on file with ONB’s Corporate Benefits Department before a subsequent Affidavit of Domestic Partnership may be filed.

We acknowledge and agree to the terms stated herein and we understand that any misrepresentation may result in loss of benefits and/or repayment of insurance benefits erroneously paid on my domestic partner’s behalf. We further understand that if the Insurer and/or the Company benefits plan suffers any loss due to any false statement contained in this Affidavit, it may bring a civil actions against either or both of us to recover its losses, including reasonable attorney’s fees. The Insurer and/or the Company plan retains the right to verify, at any time, any and/or all of the information set forth herein.

<p>We have read and understand this Affidavit of Domestic Partnership Termination. We understand that criminal penalties for knowingly making false or fraudulent claims may be brought, and hereby certify that the information we provided is true and correct.</p>	<p style="text-align: center;">Notary Signature and Seal</p> <p style="text-align: center;">State of _____, County of _____</p> <p style="text-align: center;">Signed before me by both parties on</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date (mm/dd/yy)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Notary Signature</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">My commission is permanent/expires on _____</p>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Associate Signature</td> <td style="width: 30%;">Date</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> <tr> <td>Domestic Partner Signature</td> <td>Date</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	Associate Signature	Date			Domestic Partner Signature	Date			
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